



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1724
Examiner : Matthew O. Savage
Serial No. : 10/509,717
Filed : October 1, 2004
Inventor : Paris Neofotistos
Title : APPARATUS FOR IRRADIATING
: FLUIDS WITH UV

Customer No.: 035811

Docket No.: 1079-PCT-US-02

Confirmation No.: 9659

Dated: January 25, 2006

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard

\$200.00 Check

Amendment Transmittal Letter, in duplicate
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP

Customer No. 035811

By: 

Date: 25 Jan 2006

In re Application of Paris Neofotistos

Serial No.: 10/509,717

Filed: October 1, 2004

For: APPARATUS FOR IRRADIATING FLUIDS WITH UV

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

___ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

___ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

___ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL	* 14	- **20 =	x 25 =	\$		x 50 =	\$
INDEP.	* 4	- ** 3 =	x 100 =	\$		x 200 =	\$200.00
Application Size Fee				\$		x 250 =	\$
First Presentation of Multiple Dependent Claim			+ 180 =	\$		+ 360 =	\$
TOTAL ADDITIONAL FEE			\$ _____			OR	\$200.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.


___ Please charge my Deposit Account No. 50-2719 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

x A check in the amount of \$200.00 is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

- x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,


T. Daniel Christenbury
Reg. No. 31,750
Attorney for Applicant

TDC:lh
(215)656-3381



1724
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AMENDMENT

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated October 25, 2005, please amend the Application as follows:

01/30/2006 FFANAI2 00000037 10509717

01 FC:1201

200.00 DP